



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

**TESTIMONY IN SUPPORT OF H.2224/S.1402
AN ACT IMPROVING HEALTH CARE DELIVERY FOR UNDERSERVED RESIDENTS OF
THE COMMONWEALTH (PHYSICIAN PATHWAYS ACT)
BEFORE THE JOINT COMMITTEE ON PUBLIC HEALTH
SEPTEMBER 21, 2023**

The Massachusetts Medical Society (MMS) wishes to be recorded in support of H.2224/S.1402, *An Act improving health care delivery for underserved residents of the Commonwealth*, also known as the “Physician Pathways Act.”

The Massachusetts Medical Society (MMS) is a professional association of over 25,000 physicians, residents, and medical students across all clinical disciplines, organizations, and practice settings. The Medical Society is committed to advocating on behalf of patients, for a better health care system, and on behalf of physicians, to help them provide the best care possible. To those ends, the Medical Society strives to increase access to medical care for marginalized populations, and the Physician Pathways Act will help achieve this by promoting access to care in rural and underserved communities by deploying the expertise of experienced internationally trained physicians (ITPs).

Despite the Commonwealth’s status as a national health care leader with the highest physician to patient population ratio in the country, significant gaps exist across the state particularly in primary care and mental health, affecting hundreds of thousands of residents.¹ The United States Department of Health and Human Services has designated more than 130 communities in Massachusetts as “Health Professional Shortage Areas (HPSAs).² County-wide data from 2018 indicate that Bristol, Plymouth, Hampden, and Franklin counties have patient: physician ratios respectively of 1890:1, 1590:1, 1490:1 and 1480:1, compared to Middlesex, Norfolk and Suffolk counties, where the ratios are respectively 790:1,

¹ Special Commission on Foreign-Trained Medical Professionals Final Report
<https://malegislature.gov/Bills/192/SD3237>

² Health Resources and Services Administration (HRSA) Bureau of Health Workforce, Designated Health Professional Shortage Areas Statistics. Fourth Quarter of Fiscal Year 2021 Designated HPSA Quarterly Summary As of September 30, 2021 <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>

790:1 and 670:1³ These data help illuminate the geographic disparities in access to health care across the Commonwealth.

Given significant challenges and stressors in clinical practice, we know too many physicians in Massachusetts are reducing their hours or leaving clinical practice altogether, which will undoubtedly exacerbate this issue. A recent survey conducted by MMS revealed one in four physicians plan to leave medicine in the next two years, raising serious concerns about the stability of the state's physician workforce.⁴ The shortage is particularly challenging within primary care. In Massachusetts, about one third of primary care physicians are over the age of 60.⁵ With not enough new physicians entering the primary care specialty to take over for those who retire, due to factors that include inadequate compensation, student loan debt, and administrative burden, the Commonwealth should anticipate physician demand to grow faster than supply. This will lead to a worsening of patient outcomes, higher system costs, and greater health inequities.

As acute physician shortages continue to be a central concern for Massachusetts, the Medical Society seeks out and advocates for new ways to make health care more accessible for all populations. We believe the Commonwealth should seize the opportunity to integrate qualified ITPs into the highest areas of need to help address the state's current and future providers shortages. ITPs are experienced physicians who have been educated, trained, and obtained licensure or its equivalent outside of the United States, and who have practiced medicine independently abroad, often for many years.⁶ However, ITPs face substantial barriers to health care workforce reentry in the United States. These obstacles include having to repeat years of postgraduate clinical training (residency), a redundant requirement that is inappropriate and unnecessary for experienced physicians who have already completed equivalent clinical training. Moreover, ITPs are largely unable to secure positions in residency programs because slots are severely limited and are designed for recent medical school graduates. Nationally, 22% of

³ County Health Care Rankings & Roadmaps, 2021, Health Factors: Primary Care Physicians
<https://www.countyhealthrankings.org/explore-health-rankings/massachusetts?year=2021&measure=Primary+Care+Physicians>

⁴Massachusetts Medical Society. Supporting MMS Physicians' Well-Being Report: Recommendations to Address the On-Going Crisis. March 2023. <https://www.massmed.org/Publications/Research,-Studies,-and-Reports/Supporting-MMS-Physicians--Well-being-Report---Recommendations-to-Address-the-Ongoing-Crisis/>

⁵ Center for Health Information Analysis. Publication Number 23-025-CHIA-01 Rev.01.
<https://www.chiamass.gov/assets/docs/r/pubs/2023/MA-PC-Dashboard-2023.pdf>

⁶ ITPs are distinct from International Medical Graduates (IMGs). IMGs also obtained their medical degrees outside the U.S. but have never been licensed or authorized to practice medicine, and have never practiced medicine independently. IMGs often come to the U.S. to gain clinical or other specialized training through participation in residencies.

internationally trained immigrant physicians are underemployed, and 14.7% are working in jobs outside their field of training if not outside of health care altogether.⁷

To address physician shortages and increase health care delivery in rural or underserved areas, a growing number of states have made significant progress in developing alternative pathways to practice for ITPs. H.2224/S.1402 would set Massachusetts on such a path, by allowing qualified ITPs who have been licensed or authorized to practice medicine outside of the United States to be issued a renewable one-year limited license to practice medicine under the mentorship of a participating federally-qualified health center, community health center, or hospital. To be eligible for the mentorship program, qualified candidates would need to complete all examination and credentialing requirements that are currently required for entry into a residency program, and also have an offer of full-time employment from a participating facility. Program assessment and evaluation criteria would be developed and/or approved by the Board of Registration in Medicine (BORIM) to ensure program participants are qualified and meet appropriate standards to ensure safety and quality of care for patients. After successful completion of the program, the ITP would be eligible for a renewable 2-year restricted license to practice in a shortage area and shortage specialty designated by BORIM and the Massachusetts Health Care Workforce Center. Each restricted license can be renewed once. Therefore, it would take 3 to 6 years for a participating ITP to become eligible for full licensure. Eligibility for full, unrestricted licensure would be conditioned upon completion of the program and fulfillment of all other prerequisites BORIM requires for medical licensure of all physicians in Massachusetts.

Importantly, this legislation's framework was recommended by the Massachusetts Special Commission on Foreign-Trained Medical Professionals in its report issued July 2022.⁸ It ensures the highest standards of patient care would be met by allowing BORIM to monitor the process at every stage and require additional criteria or prerequisites for ITPs to obtain full licensure. Instead of requiring ITPs to undergo redundant postgraduate clinical training, this legislation appropriately focuses on developing, assessing, and evaluating ITP's familiarity with standards suitable for practicing medicine in Massachusetts. Placing these qualified, culturally competent physicians in the areas of highest need will improve access to care and health equity in communities across the Commonwealth.

The MMS recognizes that this legislation is not a panacea. Addressing the physician shortage requires a multipronged approach that includes increasing and diversifying the overall number of physicians,

⁷ Advisory Council for Refugees and Immigrants (GACRI), Rx for Strengthening Massachusetts' Economy and Healthcare System (2014, based on analysis of data from the 2013 National Survey of College Graduates) https://www.immigrationresearch.org/system/files/gac_task_force_report-final-12.18.14.compressed.pdf

⁸ Special Commission on Foreign-Trained Medical Professionals Final Report <https://malegislature.gov/Bills/192/SD3237>

addressing the drivers of clinician burnout, and making medical school more affordable. Streamlining the pathway to full licensure for ITPs will advance progress toward improving access to critical health care services in rural and underserved communities.

For these reasons, the Massachusetts Medical Society respectfully urges a favorable report on the Physician Pathways Act. Thank you for your consideration of this legislation.